## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	C C00495861
	0 0043301
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FUSE	10 31 2016
Mailing Address 802 N 1st St	Amount
City State Zip Code	485552.00
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TV159  Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy (Estimate)  Category/ Type	10 / 31 / 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought  Disb. 2016	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
FUSE	10 31 2016
Mailing Address 802 N 1st St	
	Amount
City State Zip Code	612595.00
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TV167 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Buy (Estimate)  Category/ Type	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  Disk 201	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1098147.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	11 01 2016
Signature	